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30636 7590 07/01/2004

FAY KAPLUN & MARCIN, LLP  
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OLEG F. KAPLUN	(Depositor's name)
<i>[Signature]</i>	(Signature)
SEPTEMBER 30, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/617,389	07/11/2003	Rupeng Zhao	BSW.004C	2210

TITLE OF INVENTION: SUPERCONDUCTING TAPES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
COOKE, COLLEEN P	1754	505-231000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. FAY KAPLUN &  
 MARCIN, LLP

2. \_\_\_\_\_  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

METAL MANUFACTURERS LIMITED

NORTH ROCKS NSW AUSTRALIA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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OLEG F. KAPLUN

9/30/2004

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10/07/2004 MBERHE1 00000137 10617389

01 FC:1501  
 02 FC:1504

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